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Application No.: 10/039,311

Filing Date: October 26, 2001

Inventor: CLARK et al.

Art Unit: 2881

Examiner: Vanore, David A.

From: Steven M. Freeland, Reg. No. 42,555

Today's Date: December 2, 2004

Attorney Docket No.: 70625/5102

Pages: 9 pages (including this 1-page coversheet)

Dispatched by: Leticia M. Hillary

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Transmittal Form (1 pg.); Fee Transmittal, in duplicate (2 pgs.); Amendment "A" (4 pgs.); Terminal Disclaimer (1 pg.); Fax coversheet (1 pg.)

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9276 Scranton Road, Suite 250
San Diego, California 92121-7701
Telephone 858-552-1311
Fax 858-552-0095
70625fxc.ama

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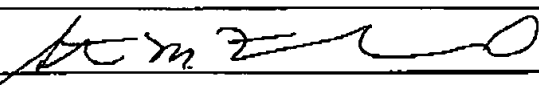
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Transmittal Form (to be used for all correspondence after initial filing)	Application Number	10/039,311	
	Filing Date	October 26, 2001	
	First Named Inventor	Clark et al.	
	Art Unit	2881	
	Examiner Name	Vanore, David A.	
Total Number of Pages in This Submission		9	
		Attorney Docket Number	70625/5102

ENCLOSURES (CHECK ALL THAT APPLY)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeals Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Facsimile Transmission Coversheet
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Firm name	Fitch, Even, Tabin & Flannery		
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Date	December 2, 2004	Reg No.	42,555

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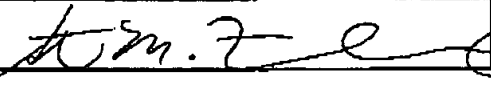
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Effective 10/01/2004. Patent fees are subject to annual revision.		Complete if Known	
FEE TRANSMITTAL FOR FY 2005 Express Mail Label No.		Application Number	10/039,311
		Filing Date	October 26, 2001
		First Named Inventor	Clark et al.
		Examiner Name	Vanore, David A.
		Art Unit	2881
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Attorney Docket No.	70625/5102
TOTAL AMOUNT OF PAYMENT		(\$110.00)	

METHOD OF PAYMENT (Check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None Deposit Account Number: <u>06-1135</u> Deposit Account Name: <u>Pitch, Even, Tabin & Flannery</u> The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge Fee(s) indicated below <input checked="" type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee <input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.15 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments to the above-identified deposit account. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization of PTO-2038.		FEE CALCULATION (continued) 2. EXTRA CLAIM FEE <table border="1"> <thead> <tr> <th>Fee Description</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20</td> <td>18</td> <td>9</td> </tr> <tr> <td>Each independent claim over 3</td> <td>88</td> <td>44</td> </tr> <tr> <td>Multiple dependent claims</td> <td>300</td> <td>150</td> </tr> <tr> <td>For Reissues, each claim over 20 and more than the original patent</td> <td>18</td> <td>9</td> </tr> <tr> <td>For Reissues, each independent claim more than in the original patent</td> <td>88</td> <td>44</td> </tr> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> </tr> <tr> <td colspan="3"> _____ - 20 or HP = _____ X _____ = _____ HP = highest number of total claims paid for, if greater than 20 </td> </tr> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> </tr> <tr> <td colspan="3"> _____ - 3 or HP = _____ X _____ = _____ HP = highest number of independent claims paid for, if greater than 3 </td> </tr> <tr> <td>Multiple Dependent Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td colspan="2">Subtotal (2)</td> <td>\$ _____</td> </tr> </tbody> </table>		Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	18	9	Each independent claim over 3	88	44	Multiple dependent claims	300	150	For Reissues, each claim over 20 and more than the original patent	18	9	For Reissues, each independent claim more than in the original patent	88	44	Total Claims	Extra Claims	Fee (\$)	_____ - 20 or HP = _____ X _____ = _____ HP = highest number of total claims paid for, if greater than 20			Indep. Claims	Extra Claims	Fee (\$)	_____ - 3 or HP = _____ X _____ = _____ HP = highest number of independent claims paid for, if greater than 3			Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	Subtotal (2)		\$ _____																																																
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SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	42,555
Name (Print/Type)	Steven M. Freeland	Telephone	(858)552-1311
		Date	December 2, 2004

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